

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050131

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Brentwood

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Gould-Worth Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St Louis

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

5740 Murdoch

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Wilhelmina

Middle
W

Last
Abmeyer

4. DATE
OF
DEATH

Month

Day

Year

Dec.

13

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 8, 1885

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

Jefferson Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Helfert

13b. MOTHER'S MAIDEN NAME

Sophie Wagner

14. NAME OF HUSBAND OR WIFE

William H Abmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William H Abmeyer 5740 Murdoch

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

Arteriosclerosis, genl.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Fibrosis. Osteoporosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

4200

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 12-13-63 and last saw her/him alive on 12-11-63
Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Charles Kromer, M.D.

4401 Hampton Ave

12/14/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/16/63

23c. NAME OF CEMETERY OR CREMATORY

St Lucas Cemetery

23d. LOCATION (City, town, or county)

Sappington

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

12-16-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald B. [Signature]

Licensed Embalmer No.

7863

P. O. Address

[Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.